FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 19 1997 8:00am
Secretary of State

DOCUMENT # N96000001654 (0)

1. Corporation Name

NEW PORT COLONY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4918 ILENER NEW PORT RICHEY FL 34652	4918 ILENER NEW PORT RICHEY FL 34652-3435

3. Date Incorporated or Qualified: 03/26/1996
3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address
21 5653 MAIN STREET	26 5653 MAIN ST
Suite, Apt #, etc 22	Suite, Apt #, etc 27
City & State 23 NEW PORT RICHEY FL	City & State 28 NEW PORT RICHEY FL
Zip 24 34652 Country 25 USA	Zip 29 34652 Country 30 USA

4. FEI Number: 59 3371897 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SKIPPER, SALLIE D
5653 MAIN STREET
NEW PORT RICHEY FL 34652

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	BENNETT, ERNEST D	
STREET ADDRESS	4918 ILENER	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	VD	☐ DELETE
NAME	SABO, JAMES	
STREET ADDRESS	4945 DOCNER	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	STD	☐ DELETE
NAME	CREAMER, MARTI	
STREET ADDRESS	4943 HAZNER	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	D	☐ DELETE
NAME	SLODY, ROY	
STREET ADDRESS	4934 ELKNER	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	D	☐ DELETE
NAME	HALL, CHARLES	
STREET ADDRESS	5011 BITNER	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (6/96)